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PATENT APPLICATION FEE DETERMINATION RECORD
October 1 2004 Substitute for Form PTO-875

Application or Docket Number
10766564

CLAIMS AS FILED - PART I			SMALL ENTITY OR	OTHER THAN SMALL ENTITY
(Column 1)	(Column 2)	(Column 3)		
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
BASIC FEE (37 CFR 1.16(a))				\$ 395
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	•	x \$ 9 =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	•	x \$ 44 =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ \$ 150 =	
			TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II			SMALL ENTITY OR	OTHER THAN SMALL ENTITY	
(Column 1)	(Column 2)	(Column 3)			
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(c))	28	Minus	25	x \$ 9 =	
Independent (37 CFR 1.16(b))	4	Minus	3	x \$ 44 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+ \$ 150 =		
			TOTAL ADD'L FEE		

(Column 1) (Column 2) (Column 3)			RATE	ADDITIONAL FEE
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		
Total (37 CFR 1.16(c))		Minus	**	
Independent (37 CFR 1.16(b))		Minus	***	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+ \$ 150 =	
			TOTAL ADD'L FEE	

(Column 1) (Column 2) (Column 3)			RATE	ADDITIONAL FEE
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		
Total (37 CFR 1.16(c))		Minus	**	
Independent (37 CFR 1.16(b))		Minus	***	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+ \$ 150 =	
			TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THE ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number		
Effective October 1, 2003					<i>10766564</i>		
CLAIMS AS FILED - PART I							
(Column 1)		(Column 2)					
TOTAL CLAIMS		<i>25</i>					
FOR:		NUMBER FILED		NUMBER EXTRA			
TOTAL CHARGEABLE CLAIMS		<i>25 minus 20 =</i>		<i>* 5</i>			
INDEPENDENT CLAIMS		<i>3 minus 3 =</i>		<i>-</i>			
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>					
* If the difference in column 1 is less than zero, enter "0" in column 2							
CLAIMS AS AMENDED - PART II							
(Column 1)		(Column 2)		(Column 3)			
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		
	Total	*	Minus	**	=		
Independent		*	Minus	***	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>							
<i>11 21</i>							
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		
	Total	*	Minus	**	=		
Independent		*	Minus	***	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>							
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		
	Total	*	Minus	**	=		
Independent		*	Minus	***	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.							